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## **COVER LETTER**

Division of Corporation	ons .	
SUBJECT: McGorty C	onstruction, LLC	
	Name of Limited Liability Company	
The enclosed Articles of Organiz	zation and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
Timothy G. W	'idener	
	Name of Person	
Timothy G. Wi	idener, CPA	· ,
	Firm/Company	·
PO Box 418		
· <del></del> -	Address	
Cairo, Georgia	39828	
-	City/State and Zip Code	
cpa6@windstrear		
E-ma	ail address: (to be used for future annual report notification)	
For further information concerni	ing this matter, please call:	
Timothy G. Widener, C	ai ( )	
Name of Person	Area Code & Daytime Telepho	one Number
Enclosed is a check for the fo	ollowing amount:	
]\$125.00 Filing Fee  \$130. Cert	tificate of Status Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O. I	ing Address stration Section Sion of Corporations Box 6327 hassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ	cle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	:
McGorty Construction, LLC	
(Must end with the words "Limited Liabi	flity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3349 Thomas Butler Road	3349 Thomas Butler Road
Tallahassee, Florida 32308	Tallahassee, Florida 32308
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Ryan McGorty	
Name	
3349 Thomas Bu	ıtler Road

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

FL 32308 City, State, and Zip

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

Tallahassee

(CONTINUED)

Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Ryan McGorty
	3349 Thomas Butler Road
	Tallahassee, FL 32308
<del></del>	
(Use attachment if necessary)	
F.V. Effective date if other than	n the date of filing: 01/10/11 (OPTIONA
	ust be specific and cannot be more than five business day
days after the date of filing.)	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Ryan McGorty

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)